

L20 000 112039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

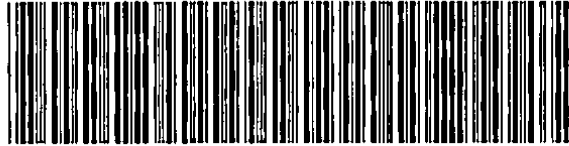
(Business Entity Name)

(Document Number)

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# COVER LETTER

Registration Section  
Division of Corporations

T: Bast Custom Flags and Signs LLC  
Name of Limited Liability Company

osed Articles of Amendment and fee(s) are submitted for filing.

turn all correspondence concerning this matter to the following:

Brent Bast  
Name of Person

Bast Custom Flags and Signs LLC  
Firm/Company

4166 Eagle Cir  
Address

Casselberry FL 32707  
City/State and Zip Code

bastcustomflagsandsigns@gmail.com  
E-mail address: (to be used for future annual report notification)

her information concerning this matter, please call:

Brent Bast at ( 321 ) 347 2501  
Name of Person Area Code Daytime Telephone Number

ed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$5.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Bast Custom Flags and Signs LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 4/24/2020 and assigned document number L20000112039.

Amendment is submitted to amend the following:

**Changing name, enter the new name of the limited liability company here:**

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**new principal offices address, if applicable:**

Principal office address MUST BE A STREET ADDRESS

**new mailing address, if applicable:**

Mailing address MAY BE A POST OFFICE BOX

**Amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, **Florida**

Zip Code

**By Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

GR = Manager  
ABR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1GR	Brent Bast	4100 Eagle Circle	<input type="checkbox"/> Add
		Casselberry FL 32707	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please change from President to manager under title

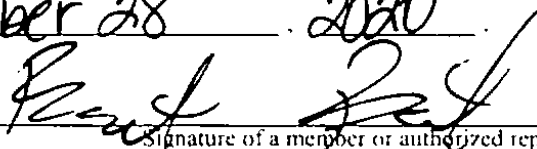
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Effective date: November 28, 2020



Signature of a member or authorized representative of a member

Brent Bast

Typed or printed name of signee